Effective October 1, 2003 09/65/783												3
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	ENTITY	OR		R THAN ENTITY
TOTAL CLAIMS							-	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	€ 385.00	OR	BASIC FE	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		• .	<u>-</u>		X43=		OR	X86=	<b>-</b>
MI	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=		1	+290=	<u> </u>
* 81	the difference	e in column 1 ls	less than zero, enter "0" in column			column 2		TOTAL	-	OR	TOTAL	<del> </del>
	c	•		<u> </u>	٦٥٨		THAN					
		(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	. 8	Minus	- 0	W_	2		X\$ 9=		OR	X\$18=	
ABI	Independent	NTATION OF M	Minus	PENDENT	CLAIM	-		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							' [	+145=		OR	+290=	
							_ L	TOTAL		OR	TOTAL	
		(Column 1)		(Colum		(Column 3)					-CD11. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATĖ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 8	Minus	· à	20	=	П	X\$ 9=	•	OR	X\$18=	ſ
AM	Independent FIRST PRESE	NTATION OF MI	Minus HTIPLE DE	PENDENT	8 MIA ES	-		X43=		OR	X86=	1
					JOAN			+145=		OR	+290=	
•						•	L.	TOTAL DOIT, FEE	-	OR .	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	~		*		WDIT. PEEL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRÉSENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
夏	Total	4	Minus	6:2				X\$ 9=		OR	X\$18=	
<b>\$</b>	Independent	e TATION OF M	Minus	F80		•	<u>.</u> F	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	· ·		.000	
•• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."								<del></del>	OR [	+290=	
	the 'Highest Nun	mber Previously Pa ber Previously Pak	ld For IN TH	S SPACE IN	oca tha	3 enter 13 *		OIT. FEE L	ropriate box		DOIT. FEE	
	PTO-675 (Pay 10)										• .	

Application or Docket Number